

Cornell University
Cooperative Extension

Schenectady County
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Schenectady County 4-H Shooting Sports Registration

I am registering for: _____ Firearms Class (ages 12 and up)

_____ Archery Class (ages 8 and up)

Name _____

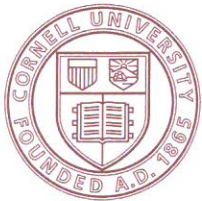
Age _____ email address _____

Phone number _____

Please enclose \$10 if you are a current 4-H Member or \$25 if you are joining 4-H to participate in this program (per program). Also be sure you have all signatures on the following pages.

Firearms begins June 20-21 from 5:30-7pm at Guan Ho Ha. Do NOT bring your own firearms. Both days are mandatory in order to shoot. Remainder of classes will be determined by entire group to best meet scheduling conflicts.

Archery will be later in the summer. Dates yet to be determined.



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Schenectady County 4-H Shooting Sports Waiver Form

Supervision of this program is under the direction of Cornell University Cooperative Extension, Schenectady County (CCE,SC). All participants are responsible for their conduct to CCE,SC Extension personnel, to 4-H leaders, and to other persons supervising this program.

I, the undersigned parent or guardian of participant named below recognize the dangers present in the Shooting Sports disciplines such as archery, air rifle, shotgun, or wildlife ecology and their activities.
(Circle disciplines that apply)

I believe the Schenectady County Shooting Sports Leaders and their assistants are dependable and reliable and will provide safe experiences. I understand that during the course of shooting sports trainings, it may be necessary to position my child to demonstrate such topics as proper stance or correct shooting positions.

I hereby grant permission for my child to participate in the Shooting Sports Program. I knowingly and freely assume all such risks, for example: bodily injury as well as loss of or damage to property. I understand as the parent/guardian signing this form that I will be held financially responsible for any expenses above and beyond what the 4-H insurance will pay. I assume all risks involved while using equipment supplied in this program. Participants are responsible for their own equipment.

I authorize the use of photographs or videos of my child, my family, and myself while attending or participating in the shooting sports programs for educational or media purposes. **I grant** CCE,SC and NYS 4-H Shooting Sports the right to use, publish, and copyright my image (including audio, moving image, or photograph) for educational programs, Web sites, and promotion of University programs.

I have attended the Shooting Sports orientation which reviews the safety rules, range etiquette, behavior guidelines, and shooting sports code of conduct with my child and with the 4-H Leaders. My child and I fully understand the code, guidelines and discipline specific rules for archery, air rifle, shotgun and wildlife ecology (applicable as noted above.)

This is to certify as parent/guardian of this participant, I do consent to his/her release of the 4-H volunteers, other participants, CCE,SC, CCE,SC staff/employees, donors, and the organization providing and/or sponsoring the range/meeting facilities and/or the organizations' volunteers and equipment from any and all liabilities to his/her involvement in the 4-H Shooting Sports Program.

Parent/guardian signature

date

Participant's signature

age

(Over, please)

Building Strong and Vibrant New York Communities
Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO,
Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.

Schenectady County 4-H Shooting Sports Code of Conduct

As a participant you have the responsibility of representing the Schenectady Co. 4-H Program to the Public so you are expected to conduct yourself in a manner that will bring honor to you and your family as well as to 4-H.

To do that you will need to:

- 1 Attend all sessions in the planned program or notify a leader if you are unable to attend.
- 2 Follow safety rules, range and etiquette rules. Follow hours, room rules. You are responsible to know the rules.
- 3 Use good judgment in selecting clothing appropriate to the occasion and weather.
- 4 Use language and manners that will bring respect to you and CCE,SC 4-H.
- 5 Be in the assigned program area at all times. Horseplay or similar socializing inside/outside of the buildings is prohibited.
- 6 Know that the use of alcohol, tobacco, and non-prescribed drugs is illegal and prohibited at all events.
- 7 Inform adult leader of use of prescription medication.
- 8 Show courtesy and respect for all other people. Demonstrate good sportsmanship.
- 9 Treat program areas, lodging areas and vehicles with respect and care. You will be responsible for any damage, theft, or misconduct in which you participate.
- 10 Help other members in your group have a pleasant experience by making every attempt to include all participants in activities.
- 11 Live up to your highest expectations for yourself so you can return home proud of who you are and what you have done.
- 12 Abide by the CCE,SC 4-H Behavior Guidelines.
- 13 Those who find themselves unable to conduct themselves within the guidelines listed above may expect:
 - to explain their actions to the adults in charge;
 - to accept consequences of their actions, which may mean immediate dismissal.

I have read and understand the CCE,SC 4-H Shooting Sports Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges related to the 4-H Shooting Sports Program now and/or in the future.

Members Signature _____ **Date** _____

As the parent/guardian of my daughter/son, I have read and reviewed the CCE,SC 4-H Shooting Sports Code of Conduct with my child and will support the adults in charge in the performance of their responsibilities to see that appropriate behavior is maintained.

Parent/guardian Signature _____ **Date** _____

Cornell University Cooperative Extension of Schenectady County

Permission Slip and Medical Release Form

Please print:

Child's Name _____ Date of Birth _____
Address _____
Parent/Guardian _____ Phone _____

In case of emergency, contact _____ Phone _____
Cell phone: _____ **Work:** _____
Activity _____ Date(s) _____ Location(s) _____

Activity Director _____

Medical History

Check any and all that apply to your child:

Date of Last Tetanus Booster _____

Illnesses

Allergies

Ear Infections _____

Hay Fever _____

Rheumatic Fever _____

Insect Stings _____

Convulsions _____

Ivy Poisonings _____

Diabetes _____

Penicillin _____

Other (specify) _____ Other (specify) _____

Current prescribed medication (specify) _____

Please specify any other health concerns, dietary restrictions, physical activity restrictions, or other information you want the chaperones or director of this activity to be aware of: _____

Family Medical and Hospitalization Coverage

Name of Medical Insurance Company or Government Program (Medicaid, etc.) _____

Identification/Policy # _____

Family Physician's Name and Phone Number _____

Permissions Granted:

1. I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell University Cooperative Extension activity on the date(s) and the location(s) indicated above.
2. I further grant permission to the director of the activity (or authorized designee) to dispense my child any prescribed medication he/she is currently taking.
3. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature _____ Date _____

Cornell University Cooperative Extension is an equal program provider. Participants needing accommodations under the Americans with Disabilities Act should contact the director of the activity.